

09/763135

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

..	Rejected	N	Non-elected
..	Allowed	I	Interference
- (Through numeral)...	Canceled	A	Appeal
-	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	11/15/02
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

Claim	Final	Original	Date
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